

Attachment II

ENGINEERING DEPARTMENT
R. O. Spooner
Director of Engineering

October 7, 1980

EPA Region VIII
8AH-WM (ON)
1860 Lincoln Street
Denver, Colorado 80295

Dear Sir or Madam:

In checking over our Notifications of Hazardous Waste Activity, I found that the form for Ashland's Denver Industrial Chemicals & Solvents Division Plant had been omitted. Therefore, the attached form is being submitted to cover this facility.

I hope that this will not cause you any inconvenience.

Yours very truly,



Arlene A. Hendrickson
Environmental Engineer

AAH/jls

Attachment

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

ASHLAND CHEMICAL COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

33350 SOUTH ZUNI

CITY OR TOWN

ST.

ZIP CODE

HERIDAN

CO80110

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 HENDRICKSON, ARLENE

614-889-3695

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 ASHLAND OIL, INC.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Go to the reverse of this form and provide the requested information.

LD. - FOR OFFICIAL USE ONLY											
W											
1	2	3	4	5	6	7	8	9	10	11	12

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

0	1	2	3	4	5	6
F 0 0 2	F 0 0 3	F 0 0 5				
7	8	9	10	11	12	

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 2 2	P 0 2 9	P 0 5 3	P 0 9 0	U 0 0 1	U 0 0 2
37	38	39	40	41	42
U 0 0 4	U 0 1 2	U 0 1 9	U 0 2 8	U 0 3 1	U 0 3 7
43	44	45	46	47	48
U 0 4 4	U 0 5 4	U 0 5 5	U 0 5 6	U 0 5 7	U 0 6 9

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>James S. Mobberly</i>	NAME & OFFICIAL TITLE (type or print) James S. Mobberly, Operations Manager	DATE SIGNED 10/1/80
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C. Commercial Chemical Product Hazardous Waste (Continued)

U070	U071	U072	U088	U092	U102
U103	U107	U108	U110	U112	U117
U122	U123	U125	U134	U140	U147
U154	U159	U160	U165	U171	U189
U190	U194	U210	U211	U213	U219
U220	U223	U226	U228	U239	

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																				
S	W	C	0	T	0	9	0	0	1	0	0	2	6	T/A	C	1	S	W	DUP						T/A	C	2	DUP					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	C	O	T	0	9	0	0	1	0	0	2	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	9	3	9	0	1	9
65	66	67	68	69	70	71

1	0	5	0	0	0	5	6
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F															
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46

IX. OWNER CERTIFICATION

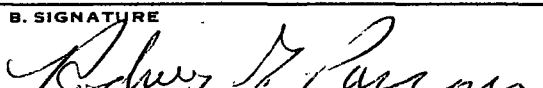
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Rodney G. Parsons, Vice-President
& General Manager, IC&S Division



4/22/83

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED